

INTERAGENCY COORDINATING COUNCIL COMMITTEE MEETING MINUTES

DATE: November 20, 2003
COMMITTEE: Integrated Services and Health
CHAIRPERSONS: Arleen Downing & Gretchen Hester
DDS LIAISONS: Samuel Yang & Eileen McCauley
RECORDER: Sheila Wolfe

COMMITTEE MEMBERS

PRESENT: Jean Brunelli, Arleen Downing, Sandy Harvey, Gretchen Hester, Dwight Lee, Eileen McCauley, Mara McGrath, Peter Michael Miller, Hallie Morrow, Nancy Sager, Samuel Yang, Luis Zanartu

ABSENT: Sylvia Carlisle, Robin Milar, Ivette Pena,

GUESTS: Salley Netsnell, Olga Krambs, Karen Ettinger, Patsy Hampton, Louise KamiKaoua

SUMMARY OF IMPORTANT POINTS AND ACTIONS CONSIDERED

Review/Approval of Minutes: Previous minutes were reviewed and corrected to identify new committee members. Continuing issues identified in past meetings were noted as the basis for consolidating the ideas and drafting the new matrix/focal areas for this committee.

Committee Focus and Use of the Proposed Matrix Form: The new priorities of the ICC (Early Entry, IFSP & Transition) and the rationale for use of the attached matrix form were discussed. The general consensus of the committee members was that focusing the ICC and committee work would assist in achieving some targeted goals for the year. The matrix, with some changes, was generally perceived as a useful tool for focusing, tracking ideas and capturing notes and recommendations uniformly and more concisely. ISH Committee recommendations in this area included:

1. Use of the standard cover sheet to identify committee members and the highlights of discussions, concerns and/or action items not captured in matrix form.
2. Adding a section to the matrix to identify committee goals related to the ICC priorities
3. Changing the column "General Approach" to "Objectives" or "Desired Outcomes"
4. Adding a column for "Evaluation" or measures of success/achievement
5. Identifying a way/place to include specific follow-up recommendations
6. Establishing a process to coordinate goals and activities across committees
7. Continued clarification of committee roles/responsibilities (what should committees "do" to advice and assistance)

Identified Priorities/Goals of the ISH Committee: Committee members worked in 3 small groups regarding Early Entry, Improving the IFSP Process and Increased Collaboration. Each group included a focus on health/medical issues and integrated service delivery in coordination with primary health care providers and the medical community. **(See attached matrices)**

Action Item Re: Preferred Practice Patterns for Speech-Language Pathologists: Concerns regarding the recommendations for services and the professional backgrounds of service providers working with children who are deaf/hearing impaired and their families were raised by committee members Nancy Sager and Sandy Harvey. As a result, the ISH members voted to withdraw the action item and to re-visit this item. Ruth Harris and/or another representative from

CASHA will be invited to a future ISH Committee meeting to discuss these concerns and determine possible follow-up.

Summary of Follow-Up Items: *

I. Request information and/or presentation from DDS and CDE representatives regarding:

Overview, required areas and data analysis of findings from monitoring visits related to health care status, primary health care providers and coordinated service delivery

List/copies of Interagency Memo's of Understanding (MOU's) at the state and local levels applicable to Early Start services

Availability of information on local intake, IFSP and coordinated service delivery processes – what is required? what is considered best practices and where and how did they develop?

II. Committee members were asked to prepare for the next meeting by working in their community and/or within their organization to bring information and sample materials in the following categories:

1. IFSP and consent forms used by the local education agency (LEA's) and regional centers (RC's) – does the agency identify a primary health care provider on the IFSP? How do the consent forms facilitate interagency and interdisciplinary collaboration
2. Information on how local RC's and LEA's assist families in obtaining/linking with medical care – how are service coordinators trained and supervised?
3. Information on what training is available for Service Coordinators on this topic at the state and local level (materials from the Early Start Service Coordinator's Handbook and Institutes, etc)
4. Information on how local RC's and LEA's are coordinating with, reaching out to and sharing Early Start information and child/family specific data with CCS, health care agencies, managed care, private physicians and health care clinics
5. Models, materials and findings from physician education/outreach and Medical Home projects relevant to Early Start and the work of the ICC – including the Medical Home Screener FACCT. Other definitions/explanations of PCP/PHCP and Medical Home?

*(Discuss with DDS and ISH Chairpersons - is summary needed? Review to be sure that it matches the matrices or delete the summary from the cover page)

INFORMATION PROCESSING AND SHARING TOOL
QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
<input type="checkbox"/> Early Entry Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase Access	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency on a methodology to ensure that by 12/04 the age of children referred to and entering the ES system will be lowered by at least 6 months as reflected by DDS monitoring reports.	Obtain database information and evaluate to determine: <ul style="list-style-type: none"> • outreach activities related to high and low referral rates geographically • referral rates from same primary sources in different locations, not just clusters related to time and age • how many high risk children are being followed by Early HS and do not have an IFSP (not included in 10% mandate) • numbers of children transitioned out of ES but return as RC eligible later • if referral rates from sources decline due to worker turnover which may indicate need for re-training • determine if babies monitored by HRI follow-up programs or programs targeting types of premies, might benefit by ES services • areas that are in-line with or lag behind referral trends 	Dennis Self shared report "Age at First IFSP." Committee requested more information including mean age at referral, location/region, ethnicity, and date of eligibility determination, if possible. Also of interest are those screened and determined not eligible for ES that may return later. Dennis reported that a review of monitoring reports was accomplished by WestEd/CPEI staff and received	Extract data from existing data sources and report to committee via E-mail ASAP (Dennis reports this will take at least one month). Support staff will keep committee members advised.

INFORMATION PROCESSING AND SHARING TOOL
 QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
 MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
			<p>lag behind referral trends</p> <ul style="list-style-type: none"> • training needs of intake staff • gaps in community outreach <p>Clean up referral data:</p> <ul style="list-style-type: none"> • Find out who recommended a parent call-in for services • Consider the early intervention system more holistically, including CCS, HRI follow-up, specialty clinics, and other programs serving children (MVIP, CHDP, Tri-Care) other states may include in their numbers <p>Consider publishing and effectively distributing referral information.</p> <p>Ensure that Interagency plans are in place that identify how child find activities will be carried out in communities, and that the State ensures child find activities are carried out in local areas.</p>	<p>by the department two days ago. Material will be reviewed and sent to committee members via e-mail prior to the next meeting.</p> <p>PERSON(S) RESPONSIBLE: Dennis Self & Ken Freedlander (DDS)</p> <p>DUE DATE: Prior to February ICC</p> <p>Other sources: DDS website re: Autism, identified by age.</p>	

INFORMATION PROCESSING AND SHARING TOOL
 QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
 MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
<input type="checkbox"/> Early Entry Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase Access	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency on methodology to ensure children with developmental disabilities entering Part B public school services are served by Early Start prior to age three. Another possible iteration of this outcome is: Methodology to ensure that 100% of children eligible for special education between 3-5 received early start services.	Compare data on numbers of developmentally disabled children receiving special education at age three or four and children served in early start; Children entering RC at ages three - five without ES history; Children receiving Part B services at age 4, without ES history.	INFORMATION NEEDED: Data on referral is available via DOE. RC has information on children referred to and determined eligible for RC services at age three. In order to get the data some common identifier is needed. Pupil count at age three compared to those transitioning from ES into public school may be useful as well. PERSON(S) RESPONSIBLE: Jim Bellotti (CDE) Dennis Self (DDS).	Jim Bellotti will report at next meeting on data available in CASEMIS on children entering special education at ages 3-5 and other data available. He will also investigate possibility of including a field in CASMIS to identify those children served by ES if data is not available at this time. Dennis will explore availability of information on children not served in early start entering RC between ages of 3-5.

INFORMATION PROCESSING AND SHARING TOOL
QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
				DUE DATE: February ICC.	
<input type="checkbox"/> IFSP Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase Access	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency on a methodology to ensure all IFSPs reviewed during DDS monitoring visits will document that all service needs identified by assessments or family assessment are addressed in the IFSP and that the family is referred to an FRC.	Determine if data is available that can clarify this issue. <ul style="list-style-type: none"> • Identify: successful IFSP strategies • Reinforce concept of interdisciplinary teaming and integrated and coordinated IFSPs. Do they look different in communities embracing these concepts? • How is the expertise of the assessor available to the team if assessors are not present? • Provide training on: <ul style="list-style-type: none"> ○ Aligning the principals and emotions of IFSP development ○ Providing anticipatory guidance so family understands process and requirements ○ Documenting all service needs (including non-part C) 	See early entry section above re: monitoring report review and dissemination. PERSON(S) RESPONSIBLE: Dennis Self & Ken Freedlander (DDS) DUE DATE: Prior to February ICC	The available data will be shared with the committee prior to the next meeting.

INFORMATION PROCESSING AND SHARING TOOL
 QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
 MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
			<p>identified by assessments for cross-reference with IFSP</p> <ul style="list-style-type: none"> ○ Documentation of non-required or other services to assist parents to enhance the development of their child including support services 		
<p>❑ IFSP</p> <p>Strategies:</p> <p>❑ Increase collaboration</p> <p>❑ Increase awareness</p>	<p>Outreach to Providers</p> <p>Outreach to the Community</p> <p>Training and Personnel Development</p>	<p>Advise and assist the lead agency on a methodology to ensure that DDS Full Scope Evaluations will document that MDT assessments are used, and assessors participate, in 100% of IFSPs reviewed.</p>	<p>Ensure training to service coordination staff to insure that Multidisciplinary Team assessments and assessors are documented as attending (participating in) IFSP meetings.</p>	<p>INFORMATION NEEDED. Review of site monitoring reports.</p> <p>PERSON(S) RESPONSIBLE: Dennis Self & Ken Freedlander (DDS) and WestEd support staff.</p> <p>DUE DATE: Next ICC</p>	<p>The available data will be shared with the committee prior to the next meeting.</p> <p>Obtain IDA survey report. Support staff will follow-up.</p>

INFORMATION PROCESSING AND SHARING TOOL
 QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
 MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
<input type="checkbox"/> IFSP Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness <input type="checkbox"/> Increase Access	Outreach to Providers Outreach to the Community Training and Personnel Development	Advise and assist the lead agency on a methodology to ensure 100% of families will receive a copy of an appropriately prepared IFSP by the end of the IFSP meeting as documented by Full Scope site monitoring reports.	Review monitoring reports.	INFORMATION NEEDED: Review of site monitoring reports	Use data from review of Full Scope site monitoring reports reviewed by staff. Assess whether data on translations of IFSP is available.
<input type="checkbox"/> Transition Strategies: <input type="checkbox"/> Increase collaboration <input type="checkbox"/> Increase awareness	Outreach to Providers Outreach to the Community Training and Personnel	Advise and assist the lead agency in ways to improve transition of children to pre-school and other settings.	Review monitoring reports. Ensure transition training for service coordinators and service providers and administrators/managers includes: <ul style="list-style-type: none"> • Inappropriate notice and 	INFORMATION NEEDED: Review of site monitoring reports	Use data from review of Full Scope site monitoring reports reviewed by staff. Further refine outcome.

INFORMATION PROCESSING AND SHARING TOOL
 QUALITY SERVICE DELIVERY SYSTEMS COMMITTEE
 MEETING DATE: 11/20/03

COMMITTEE GOAL: TBD

ICC PRIORITY	APPROACH (DDS Priorities)	MEASUREABLE OUTCOMES	ACTION PLAN (activities and methodologies)	INFORMATION AND DATA SOURCES	FOR NEXT MEETING
<input type="checkbox"/> Increase Access	Development		preparation <ul style="list-style-type: none"> • Requirements • Anticipatory Guidance • Parent understanding • Information/materials • Associated anxiety/service coordinator sabotage 		